



Committee Secretary  
Community Support and Services Committee  
Parliament House  
George Street  
Brisbane Qld 4000

17<sup>th</sup> August 2021

Dear Committee Secretary

Re: Inquiry into social isolation and loneliness in Queensland

Legacy Brisbane is a non-profit organization with a purpose of supporting partners and children of those who gave their lives or health while serving in the Australian Defense Force. Our vision is that the families of the fallen and incapacitated veterans will suffer no financial nor social disadvantage as a result of the death or incapacitation of the veteran.

Our geographical area covers South East, Central and Western Queensland and we support 5,366 widow(ers), 229 young people, 127 people with a disability (usually older children of war widows) and 39 partners and children of veterans who have given their health. We work with our veteran's families who are experiencing grief, loss and hardship. Through qualified Community Service Officers (CSOs) and volunteers (known as Legatees) we deliver social connection, educational and development support and help to relieve financial hardship.

We support over 5,000 widows of various ages, with just under half (47%) over the age of 90. Social isolation and loneliness are experienced by a high proportion of our older clients. The pandemic has also exacerbated this situation.

Legacy Brisbane has 303 Legatees and normally a widow, once enrolled with Legacy, will be allocated to a Legatee who lives in her geographical area. The Legatee then provides ongoing support which includes visits and calls to the widow on a regular basis to identify needs, provide support and refer complex situations to the CSOs (e.g. elder abuse or mental illness). This is a key strategy to combat social isolation and loneliness.



Unfortunately, there are not enough Legatees to support our high number of widows. In the cases where a widow (over 65) cannot be allocated a Legatee, Legacy facilitates the Contact Centre which is staffed by volunteers (not Legatees) and calls are made a minimum of twice a year to check on the client's wellbeing. This is an opportunity to identify any current or emerging issues, which can be dealt with appropriately.

From the calls with widows in the Contact Centre we are finding that the relationship between Covid-19 and social isolation is a growing concern. The points below are a summary of related feedback:

- We are hearing widows saying "It is safer to stay at home"
- Some haven't resumed leisure activities due to not wanting to be in groups or that activities haven't started up again. One widow who lives in an over 50's village said they haven't resumed any activities.
- Family not wanting the widow to go out to places where there are crowds or even to the supermarket and family are doing the shopping.
- Widows feeling vulnerable about contact out in the community. Some widows are not fully vaccinated.
- Having to use the Qld QR code on a mobile is restrictive as many of the older widows do not have a mobile and therefore are choosing to not go out much.
- In aged care facilities the lockdowns and restrictions are resulting in residents being separated from loved ones, increase in fear, confusion especially with those with dementia or not understanding what is going on, frustration from families as they are not allowed to visit and little or no explanation coming from the aged care facilities about the 'rules' being implemented.

This is also reflected in research that has come from the USA, 'Social Isolation and Loneliness in Older Adults: Review and Commentary of a National Academies Report (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7437541/>).

Last year, a review was undertaken of 787 calls made through the Contact Centre, particularly looking at referrals made to the CSOs which related to social isolation or loneliness. The calls were examined in two categories, namely widows who resided in their own homes / with their family and widows who lived in aged care facilities covering the following geographical areas:

- Gladstone;
- Granite Belt;
- Logan;
- North-East;
- South-West; and
- Rockhampton



Of the 787 call sheets analysed, 620 of the widows lived in their own home (or 79% of the total) while 167 (21% of the total) resided in aged care facilities. Full details are provided at Appendix 1.

In the data set analysed, there were 25 cases of social isolation or loneliness noted. Of these, eight were considered serious enough to be referred to a CSO, with 16 additional cases where issues were noted as being indicative of loneliness or social isolation.

Of these 25 cases, 13 were noted for widows in aged care and 12 for widows living in their own home.

In summary, issues of social isolation are apparent for widows living in aged care facilities and in their own homes. These issues present themselves in various ways including:

- non-contact with or physically distant family
- a sense of limited support / 'not coping'
- general lack of social contact
- refusing to have services in the home
- separation from family and friends when moving into aged care

In overall terms, 3.2% of the widows considered expressed issues of loneliness or social isolation.

A higher proportion of widows living in aged care facilities noted issues of concern with 13 from a total of 167 noting issues, or 7.8% of the total who lived in aged care. This is compared with 12, or 1.9% of the total widows who lived in their own homes.

Legacy CSO's have responded, where possible, with arranging for a Legatee visit or initiating other forms of support for the widow. Widows with family support close by expressed a higher degree of satisfaction and happiness than those without.

It is also suggested that a broader sample could be considered to ascertain if these trends are consistent for a wider area, particularly as this relates to the higher incidence of social isolation and loneliness noted for aged care residents.

From our experience, other causes of social isolation and loneliness also include:

- Remote / Rural living
- Independent transport limitations
- Isolation due to distance between family and friends



- Younger family members move away to find employment and /or more opportunity /advancement and education in more urbanised cities or districts
- Low socio- economic status
- Mobility
- Housing
- Mobile network coverage
- Mental health conditions
- Health and ability / disability

### Appendix 1 – Total Calls Analysed x Type of Residence

Legacy Area	Own Home and % of Total for Region	Aged Care Facility and % of Total for Region	Total
Gladstone	53 (91%)	5 (9%)	58
Granite Belt	38 (76%)	12 (24%)	50
Logan	139 (79%)	37 (21%)	176
North-East	180 (78%)	51 (22%)	231
South-West	132 (75%)	43 (25%)	175
R'hampton	78 (80%)	19 (20%)	97
<b>Total</b>	<b>620 (79%)</b>	<b>167(21%)</b>	<b>787</b>

If you have any questions about the information above please feel free to get in contact.

Kind Regards

Claire Lyon  
Community Services Manager  
Legacy Brisbane